

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>2,020,728</i>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8	?		1				58						
9	?		1				59						
10	?		1				60						
11	?		1				61						
12	?		1				62						
13	?		1				63						
14	?		1				64						
15	?		1				65						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	70						TOTAL DEP.						
TOTAL CLAIMS	77						TOTAL CLAIMS						